31-N R.C. 3517.10

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## **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

Full Name of Committee		_		·			
Sheets for Trustee							
To Whom Owed				Prior Amount			Amt. Incurred this Period
none							
Address				Item or Purpose of Debt			Outstanding Balance
		_					
City	Sta te OH	Zip Code		Payments This Period Date Amount			
Date Debt was originally incurred	М	D	Y	M	D	Y	s
Registration Number, if PAC				M	D	Y	
				M	D	Y	
To Whom Owed	· ··			Prior Amou	nt		Amt. Incurred this Period
Address		<del></del>		Item or Purp	oose of Debt		Outstanding Balance
City	Sta te OH	Zip Code	•	Payments This Period Date Amount			
Date Debt was originally Incurred	М	D <sub>i</sub>	Y	. M	D	Y	\$
Registration Number, if PAC	<del> </del>	1 1	<u></u>	M ;	D	Y	
			7	М	D	Y	
To Whom Owed				Prior Amou	ınt		Amt. Incurred this Period
Address				Item or Pun	pose of Debt	t	Outstanding Balance
City	Stal te OH	Zip Code			Date	Payments	This Period Amount
Date Debt was originally Incurred	М	B	Y	M	D	Yı	\$
Registration Number, if PAC	1 1	,		M	D	Y	
A CONTRACTOR OF THE STATE OF TH			gAs.	М	D	Y,	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$	\$0.00	(also record on Form 31-B)
Total Outstanding Balance \$	\$0.00	(also record on cover page)